

GAP&GHP Audit Verification Program Score Sheet

Facility Name:			
Street Address:	City:	State:	Zip:
Date Audit Requested:	Date Audit Begun:	Date Audit Completed:	
	Time Audit Begun:	Time Audit completed:	

EVALUATION ELEMENTS

Element	Possible Points	Less N/A Points	Adjusted Points	Passing Score ¹	Facility Score	Pass or Fail	Date Passed
General Questions	175						
Part 1 – Farm Review	150						
Part 2 – Field Harvesting & Field Packing Activities	90						
Part 3 – House Packing Facility	200						
Part 4 – Storage and Transportation	115						
Part 5 – Traceback	100						
Part 6 – Wholesale Distribution Center/Terminal Warehouses	355						
Part 6-A – Traceback	60						

¹A Passing Score is 70% of the Possible Points or the Adjusted Points, if adjustment is necessary.

Commodities Reviewed:							

Auditor (Print)_____ (Sign) _____ Office_____

Reviewing Official Name/Signature: (Print)_____ (Sign)_____

The undersigned Facility representative agrees -to G---not to G- have the company Name/Address and passed elements posted to a USDA website.

Sign: _____ Date: _____

Date Posted to USDA Web-site: _____

USDA GAP & GHP Website: [Http://www.ams.usda.gov/fv/fpbgapghp.htm](http://www.ams.usda.gov/fv/fpbgapghp.htm)